

**United States District Court
Western District of Louisiana
Service Preference Form**

In our continuing efforts to implement CM/ECF (Case Management/Electronic Case Filing), the Western District of Louisiana will no longer support its fax notification system. Attorneys must indicate their preference to receive notice electronically via e-mail or manually through the U. S. Postal Service. Please check one of the boxes below to indicate your selection, update your address information, and include your signature at the bottom.

Name (first, middle, last, generation):	Bar roll number:
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G CONSENT TO RECEIVE NOTICE AND SERVICE ELECTRONICALLY

In accordance with the provisions of Fed.R.Civ.P. 5(b), I understand that service, except for original process, will be given to me by electronic means to the primary e-mail address listed below. I agree to waive the provisions of Fed.R.Civ.P. 77(d) and Fed.R.Crim.P. 49(c) providing service of notice of the entry of an order or judgment by mail and consent that such notice may be served by electronic means via the court's electronic filing system in all cases where I appear as attorney of record. ****Note:** For security reasons, viewing documents in Social Security cases will require a CM/ECF login and password. There is no charge for the login and password, but training may be necessary. To obtain one, please visit our website at the address above.

I understand it is my responsibility to advise the Clerks Office promptly in writing of any electronic mail or physical address changes. I understand that electronic mail filter software (SPAM filter) may interfere with receipt of e-mail notices and have verified that any such software installed on my computer or network will not filter out messages sent from Clerk@lawd.uscourts.gov. I understand this electronic notice will be in lieu of notice by any other means.

Please TYPE or LEGIBLY PRINT the following information:

Firm: _____
 Address: _____
 City, State, Zip _____
 Phone: _____

Primary e-mail: _____
 Secondary e-mail(s) (e.g., secretaries, paralegals. Do not include co-counsel): _____

G MANUAL NOTICING

Please TYPE or LEGIBLY PRINT the following information:

Firm: _____
Address: _____
City, State, Zip _____
Phone: _____

Signature

Date _____

Return via fax to: 318-676-3962, 318-676-3958, or 318-676-3966.